

The North Hampton Recreation Department maintains a scholarship fund to help assist North Hampton Youth that do not have the financial means to participate in our recreation programs.

Parent or Guardian's Name	Relationship to Child
If Guardian, Child Permanent Address (5 Days per week)	Parent or Guardian's Address
City/Town Zip Code	Work Phone # Home Phone #
Father/Guardian Place of Employment	Phone #
Mother/Guardian's Place of Employment	Phone #
Family's Monthly Income	Size of Family # of Adults # of Children
Participant's Name	Participant's Name
Amount of Fee Assistance Requested	Amount of Fee Assistance Requested
Amount of Fee Paid (must be 25%)	Amount of Fee Paid (must be 25%)
Parent/Guardian Signature	Date
FOR OFFICE USE ONLY:	
Approved/ Declined Amount of Scholarship Award _____ Amount Granted by the Department _____ Amount to be Paid by Participant _____	Referred by: _____ Reasons for Referral: _____ _____ Date participant is notified _____ Comments: _____ _____

Our Mission: We strive to enhance the quality of life for all citizens, regardless of age in our community by creating strong partnerships and providing a variety of recreational activities, special events and services that encourage life-long fitness and fun.